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*AN INTELLECTUAL PROPERTY LAW FIRM*

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**FACSIMILE TRANSMISSION COVER SHEET**

**Date:** December 10, 2004

**To:** United States Patent and Trademark Office  
Examiner: Douglas W. Owens; Art Unit: 2811

**Fax:** (703) 872-9306

**Re:** **Application Serial No.: 09/878,815**  
Filing Date: 6/11/2001; First Named Inventor: Hashemi  
Attorney Docket No.: 00CON159PC-CIP1

**From:** Farjami & Farjami LLP

**Number of pages including the cover sheet:** 20

**Message:**

Enclosed please find the Response to the Non-Final Office Action dated September 9, 2004. Also, two Applicant's Declarations and their respective attachment are enclosed. Payment for the First Month Extension Fee in the amount of \$120.00 is hereby enclosed on Form PTO-2038.

Thank you.

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DEC 10 2004

Attorney Docket No.: 00CON159PC-CIP1

## AMENDMENT COVER SHEET

IN RE APPLICATION OF: Hashemi, et al.SERIAL NO.: 09/878,815 FILED: June 11, 2001FOR: Structure and Method for Fabrication of a Leadless Chip CarrierHONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- ☐ No additional fee is required.
- ☒ The fee has been calculated as shown below:

☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$ 120.00
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

- ☒ TOTAL EXTENSION FEE \$ 120.00
- ☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	53	MINUS **71	* = 0	x 50	x 25	\$
INDEPENDENT	3	MINUS ***4	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- \* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- \*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- \*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 00CON159PC-CIP1

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$ 120.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

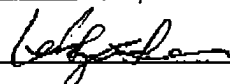
Date: 12/10/04By:   
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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Date

12/10/04

Signature



Name of Person Performing Facsimile Transmission

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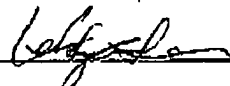
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Michael Farjami, Esq.  
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Attorney Docket No.: 00CON159PC-CIP1

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In re Application of: **Hashemi, et al.**

Art Unit: 2811

Serial No.: 09/878,815

Examiner: Owens, Douglas W.

Filed: June 11, 2001

For: **Structure and Method for Fabrication  
of a Leadless Chip Carrier**

**RESPONSE TO NON-FINAL OFFICE ACTION**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the Non-Final Office Action dated September 9, 2004 in the  
above-referenced patent application. Please enter and consider the following remarks.

12/13/2004 EKOLI1 00000011 09878815

01 FC:1251

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